

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.

2009 FEB 13 PM 3:01

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Johnson for Hospital Trustee

**IMPORTANT:** Indicate by # type of committee you are reporting for: 7

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Virgil Johnson

Political Party (if applicable)

Republican

Office Sought

Hospital Trustee

District (if Senate or House)

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Colleen Berninger  
SIGNATURE OF PERSON FILING REPORT

712-263-4823  
TELEPHONE

Feb 13, 2009  
DATE SIGNED

I AM FILING A Election

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

0.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** \$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (If final report balance must be zero)

\$ 0.00

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 930.67

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Johnson For Hospital Trustee

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN-KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-24-08	Citizens for Quality Health Care 2311 10th Ave. N., Denison, IA 51442		Payment of Campaign Ads	\$ 930.67	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last  
page of this  
schedule)

\$

930.67

\*Disclosure law requires candidates to disclose the relationship of any relative making an in-kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)